



Medical

SUICIDE PREVENTION EDUCATION AND COMMUNITY TRAINING

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 44-1, *Medical Operations*, concerning suicide prevention education and community training. It establishes requirements and procedures for the conduct of general suicide prevention education and community training. This instruction applies to all active duty Air Force, Air National Guard, and Air Force Reserve, as well as Air Force civilian employees, except for Title 32 USC National Guard Technicians (IAW Technician Personnel Regulation 100 (172)).

1. Community Training Requirements.

1.1. The Secretary of the Air Force will ensure that all Air Force personnel, to include active duty, guard and reserve, as well as civilian employees receive training in general suicide prevention education at least on an annual basis including awareness of basic suicide risk factors and referral procedures for potentially at-risk personnel. Training programs will be designed to de-stigmatize help-seeking behavior among Air Force personnel and not de-stigmatize the act or attempt of suicide itself.

1.2 The Air Force Surgeon General will be the primary Air Force OPR for this training, and will ensure that this training is conducted as detailed throughout each MAJCOM, as well as in the Air National Guard and Air Force Reserve.

1.3. Each MAJCOM will ensure that all squadron commanders receive training in basic suicide risk factor identification and referral procedures for at-risk personnel as part of the new squadron commanders course. Additionally, each MAJCOM will ensure that the following training is conducted at each base, with base mental health serving as the primary OPR for this training.

NOTE: For Air National Guard and Air Force Reserve personnel, these training requirements will be implemented as appropriate through Air National Guard and Air Force Reserve command channels.

1.3.1. Each MAJCOM Surgeon will serve as the primary MAJCOM OPR for this training, and will ensure this training complies with the following minimum criteria.

1.4. Community-level training requirements:

1.4.1. Level 1: Individual. "Buddy care" training of all non-supervisory personnel will be conducted at least annually and will include basic suicide risk factor awareness and referral procedures for potentially at-risk personnel. The purpose of this training is to encourage the early identification and referral of potentially at-risk individuals by non-supervisory personnel to unit "gatekeepers" discussed in level 2.

1.4.2. Level 2: Unit Gatekeepers. Unit gatekeeper training will be conducted at least annually for all supervisors, commanders and first sergeants and will include identification, referral, and management of at-risk personnel, and mentoring training. The purpose of this training is to equip squadron supervisory personnel to act as gatekeepers, lowering the barriers to self-referral and de-stigmatizing help-seeking behavior through changing the corporate culture. Mentoring training will assist in this effort and is a natural complement to the "buddy care" concept encouraged at the individual level. Referrals should be made to community resources within level 3, such as family support center or chaplains, or directly to level 4, mental health, as in the case of emergency referrals of at-risk personnel.

1.4.3. Level 3: Community Gatekeepers. Community gatekeeper training will be conducted at least annually for all base helping professionals in the identification and referral of at-risk personnel. The purpose of this training is to ensure that all

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community helping professionals are knowledgeable about suicide risk-factors and referral procedures, and to encourage networking and coordination of service delivery.

1.4.4. Level 4: Medical Professionals. Medical professional training will be conducted at least annually in the identification and referral of at-risk personnel. The purpose of this training is to ensure that these personnel, who frequently see at-risk individuals in the course of their routine practice, make appropriate and timely referrals of people at risk.

2. Metrics.

2.1. Suicide Prevention Education and Community Training Metrics (RCS HAF-SG(A)9612). Each MAJCOM will track by base the fulfillment of training requirements in each of the four levels, and will report these results and MAJCOM aggregate results to HQ AFMOA/SGOC for each calendar year, within 31 days of its close. Each base should track progress in these areas monthly through the Base Health Promotions Working Group. The following will be tracked and reported as indicated. This report is designated emergency status code "D" - immediately discontinue reporting data requirements during emergency conditions.

NOTE: In the case of Air National Guard and Air Force Reserve personnel, these metrics will be tracked through appropriate Air National Guard and Air Force Reserve Command channels and reported to AFMOA/SGOC annually.

2.1.1. Individual. Number and percent of non-supervisory personnel trained in "buddy care". These numbers will be broken down by status: Active Duty, Air National Guard, Air Force Reserve, and Civilian.

2.1.2. Squadron Gatekeepers. Number and percent of supervisory personnel receiving gatekeeper training, number and percent of supervisory personnel receiving mentoring training, number and percent of squadron commanders, and number and percent of first sergeants receiving gatekeeper training. These numbers will be broken down by status: Active Duty, Air National Guard, Air Force Reserve, and Civilian.

2.1.3. Community Gatekeepers. Number and percent of base helping professionals receiving gatekeeper training.

2.1.4. Medical Professionals. Number and percent of designated base medical professionals receiving training.

2.1.5. Trainer Investment. Total number of hours spent by mental health personnel conducting required training.

2.2. Outcome. Armstrong Laboratory, Epidemiology Division will periodically report epidemiologically based suicide rates, attempt rates, and associated risk and protective factors (as available), by MAJCOM, to HQ AFMOA/SGOC.

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GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

References

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Abbreviations and Acronyms

AFI—Air Force Instruction
MAJCOM—Major Command
OPR—Office of Primary Responsibility
OB/GYN—Obstetrics/Gynecology

Terms

Air Force Personnel—Active duty, Air National Guard, Air Force Reserve personnel, and civilian employees of the United States Air Force.

At-Risk—Designates individuals displaying risk-factors that potentially place them at risk for suicide.

Buddy Care—Buddies, friends, or coworkers taking care of their buddies, friends, or coworkers. With regards to suicide prevention, it means buddies learning what risk factors to look for, and bringing at-risk individuals to the attention of their supervisor.

Gatekeepers—Personnel who act as referral gateways to helping resources for individuals at risk.

Helping Professionals—Includes, but are not limited to mental health, chaplains, family support, family advocacy, law enforcement, base legal, area defense counsel, health promotions, substance abuse, drug demand reduction, social actions, youth programs, and senior enlisted advisor.

Medical Professionals—Includes, but is not limited to, flight surgeons; primary care, emergency medicine and OB/GYN providers; and nurses.

Mentoring—The act of serving as a trusted counselor, guide or coach.

Suicide Risk Factors—Includes, but is not exclusively limited to, such factors as relationship difficulties, substance abuse, legal, financial, medical, mental health, and occupational problems, along with depression, social isolation, and suicide threats/gestures.